## DRY CLEANING FACILITY SURVEY PART 1

## **QUESTIONS AND ASSISTANCE**

Thank you for taking the time to complete this survey. Please be advised that the survey has two parts (Part 1 and Part 2) and your response on both parts is appreciated. If you have any questions about the dry cleaning facility survey or need assistance in completing the survey, please feel free to contact any of the following staff:

Hafizur Chowdhury Sonia Villalobos Mei Fong

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Please return the completed survey by October 10, 2003 and mail to:

Attention SSD Dry Cleaning Survey California Air Resources Board P. O. Box 2815 Sacramento, CA 95812

If you return the completed survey by October 10, 2003, you will automatically be entered into a drawing for one of five **FREE** Dry Cleaning Environmental Training Classes.

COMPANY INFORMATION (do not include personal residential address)				
Date Contact Person Phone Number Fax Number E-mail Address		Company Name Facility Address City, State, Zip Mailing Address City, State, Zip		
Survey responses will be kept confidential as provided under California law				
2. BUSINESS INFORMATION				
How long have you owned the facility? Years Months  Do you dry clean on-site? Yes [ ] No [ ] If no, please provide contact information of the dry cleaning facility you send your clothes to in number 6 (comments area on page 2) and return the survey to us.				
Business Type: Plant/Retail [ ] Industrial [ ] Government [ ] Nonprofit [ ] Hotel/Motel [ ] Other [ ]  Business Status: Independently Owned [ ] Chain Operation [ ] Franchise [ ]  How many total dry cleaning machines are in the facility? Perc Non-Perc  If facility is a chain operation: Owner's name Phone ()				
Annual Receipts From Total Operation :				
Less than \$100,000 [ ] \$100,001 - \$500,000 [ ] \$500,001 - above [ ]  Percent Annual Receipts From Dry Cleaning Only:  Less than 25% [ ] 25-50% [ ] 50-75% [ ] more than 75% [ ]  Total Facility Employees:				
Business Hours:	Full Time Part Time			
	Monday thru Friday AM to Saturday AM to PM Sunday AM to PM	PM		



## DRY CLEANING FACILITY SURVEY

## PART 1 (continued)

3. OPERATING INFORMATION (check all that apply)					
Solvent Type Used:	Wr	nat do you do with your separator water?			
Perc [ ] DF-2000 [ ] Rynex [ ] Stoddard [ ] Green Earth [ ] Other	Water (wet cleaning) [ ] Green Jet [ ] Pure Dry [ ] Eco Solve [ ] Liquid CO <sub>2</sub> [ ]	Wastewater treatment unit [ ]  -Type: Evaporator [ ]  Atomizer [ ] Liquid Discharge [ ]  -Make Model  Collected by waste hauler [ ]  Discharged to sewer [ ]  Used in a cooling tower [ ]  Used to generate steam [ ]  Other			
From whom do you purchase your solve	ent?				
Company name		Phone ()			
Company name		Phone ()			
Who collects your waste (e.g., still botto	ms, separator water, filters)?				
Company name		Phone ()			
Company name		Phone ()			
4. FACILITY INFORMATION (only answe	er those you know)				
- Do people live above the building? Yes [ ] No [ ] - Do people live next to the building (share a wall with your facility)? Yes [ ] No [ ]  Facility size:  Area square feet					
5. FUTURE MACHINE PURCHASE/REPLACEMENT (check all that apply)					
If you had to purchase or replace a machin What type of solvent would you use for this - Perc [ ] DF-2000 [ ] Rynex [ ] St - Pure Dry [ ] Water (wet cleaning) [	future machine? oddard [ ] Green Earth [ ] Lic				
6. COMMENTS (Optional)					